

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/15/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes listed below for dates of service 08/12/02 through 10/04/02.

II. FINDINGS

The requestor has withdrawn the date of service 09/12/02, per a letter dated 02/03/04.

III. RATIONALE

The carrier denied services as “N11-Not documented. Upon review, documentation as submitted does not support the level of service(s) billed. N72-Not documented. Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan.”

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/21/02	99213-MP	\$48.00	\$0.00	N11	\$48.00	MFG E/M (IV)(C)	Documentation does not support the level of service billed per the fee guideline. Therefore, reimbursement is not recommended.
08/23/02		\$48.00	\$0.00	N11			
08/26/02		\$48.00	\$0.00	N11			
08/28/02		\$48.00	\$0.00	N11			
09/04/02		\$48.00	\$0.00	N11			
09/06/02		\$48.00	\$0.00	N11			
09/09/02		\$48.00	\$0.00	N11			
09/11/02		\$48.00	\$0.00	N11			
09/13/02		\$48.00	\$0.00	N11			
09/27/02		\$48.00	\$0.00	N11			
09/30/02		\$48.00	\$0.00	N11			
10/02/02		\$48.00	\$0.00	N11			
10/04/02		\$48.00	\$0.00	N11			

08/21/02	97110	\$120.00	\$0.00	N72	\$35.00 each 15 minutes	MFG MGR (I)(A)(10)	MFG MGR (I)(A)(10) CPT descriptor: Recent review of disputes involving one on one CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for this date of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, no reimbursement is recommended.
08/23/02		\$120.00	\$0.00	N72			
08/26/02		\$160.00	\$0.00	N72			
08/28/02		\$120.00	\$0.00	N72			
09/04/02		\$120.00	\$0.00	N72			
09/06/02		\$120.00	\$0.00	N72			
09/09/02		\$120.00	\$0.00	N72			
09/13/02		\$120.00	\$0.00	N72			
09/27/02		\$120.00	\$0.00	N72			
09/30/02		\$120.00	\$0.00	N72			
10/02/02		\$120.00	\$0.00	N72			
10/04/02		\$120.00	\$0.00	N72			
08/21/02	97250	\$43.00	\$0.00	N72	\$43.00 one or more regions	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. Therefore, reimbursement is not recommended.
08/23/02		\$43.00	\$0.00	N72			
08/26/02		\$43.00	\$0.00	N72			
08/28/02		\$43.00	\$0.00	N72			
09/04/02		\$43.00	\$0.00	N72			
09/06/02		\$43.00	\$0.00	N72			
09/09/02		\$43.00	\$0.00	N72			
09/11/02		\$43.00	\$0.00	N72			
09/13/02		\$43.00	\$0.00	N72			
09/27/02		\$43.00	\$0.00	N72			
09/30/02		\$43.00	\$0.00	N72			
10/02/02		\$43.00	\$0.00	N72			
10/04/02		\$43.00	\$0.00	N72			
08/21/02	97530	\$40.00	\$0.00	N72	\$35.00 (each 15 minutes)	MFG MGR (I)(A)(1-5, 8)	Documentation does not support response to treatment, overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan. Therefore, reimbursement is not recommended.
08/23/02		\$40.00	\$0.00	N72			
08/26/02		\$40.00	\$0.00	N72			
08/28/02		\$40.00	\$0.00	N72			
09/04/02		\$40.00	\$0.00	N72			
09/06/02		\$40.00	\$0.00	N72			
09/09/02		\$40.00	\$0.00	N72			
09/13/02		\$40.00	\$0.00	N72			
09/27/02		\$40.00	\$0.00	N72			
09/30/02		\$40.00	\$0.00	N72			
10/02/02		\$40.00	\$0.00	N72			
10/04/02		\$40.00	\$0.00	N72			

09/23/02	97750-PP	\$315.00	\$0.00	N11	\$43.00 (each 15 minutes)		The Requestor billed 97750 with modifier –PP. The modifier “-PP” is not recognized in the '96 MFG. For this reason, the Medical Review Division is unable to determine proper reimbursement or if the documentation is for a physical performance exam or functional capacity exam. Therefore, no additional reimbursement is recommended.
Totals		\$4,005.00	\$0.00				The Requestor is not entitled to reimbursement.

IV. FINDINGS & DECISION

The above Findings and Decision is hereby issued this 4th day of February 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb